

# Acknowledgment of Sexual Harassment Prevention Policy

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I acknowledge that I have received, read, and understood the Harkness Consulting Solutions, LLC Sexual Harassment Prevention Policy (Policy Number: HR-2020-01). I understand that it is my responsibility to comply with the terms and expectations outlined in this policy, and to I have fully reviewed the harassment prevention training provided.

I am aware that sexual harassment is unlawful and that Harkness Consulting Solutions, LLC strictly prohibits such behavior. I understand the procedures for reporting any incidents of sexual harassment and the protections in place against retaliation for good-faith reports.

Employee/Intern Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_